



INDIANA DEPARTMENT OF REVENUE  
MOTOR CARRIER SERVICES DIVISION

INDIANA REVENUE FORM

**MCT-627**

Rev. 01/99

**CANCELLATION OF LICENSE FORM**

Company Name:		
DBA Name:		
Address:		
City:	State:	Zip Code

Please provide **all** license numbers to which the above cancellation applies:

1. TID: \_\_\_\_\_
2. IFTA License Number: IN- \_\_\_\_\_
3. Motor Carrier Fuel Tax Permit Number: IN- \_\_\_\_\_
4. Other: \_\_\_\_\_

Signature:	Typed or Printed Name:	Title:
	Date Signed:	Telephone Number